

**COMBINED DECLARATION FOR PATENT AND POWER OF ATTORNEY**

File No. 00-46

(Includes Reference to PCT International Applications)

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name; I believe that I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**MURINE CYTOKINE RECEPTOR**

the specification of which (check only one item below):

☐ is attached hereto ☒ was filed as United States application Serial No. 09/899,471 on July 5, 2001

and was amended on \_\_\_\_\_

☐ was filed as PCT international application Number \_\_\_\_\_ on \_\_\_\_\_

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above. I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, 1.56. I hereby claim foreign priority benefits under Title 35, United States Code, 119 of any foreign application(s) for patent or inventor's certificate(s) or of any PCT international application(s) designating at least one country other than the United States of America listed below and have also identified below any foreign application(s) for patent or inventor's certificate(s) or any PCT international application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) of which priority is claimed:

**PRIOR FOREIGN/PCT APPLICATION(S) AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. 119:**

COUNTRY	APPLICATION NUMBER	DATE OF FILING	PRIORITY CLAIMED	
			<input type="checkbox"/> YES	<input type="checkbox"/> NO
			<input type="checkbox"/> YES	<input type="checkbox"/> NO
			<input type="checkbox"/> YES	<input type="checkbox"/> NO

I hereby claim the benefit under Title 35 United States Code 119(e) of any United States provisional application(s) listed below.

U.S. APPLICATION NUMBER	U.S. FILING DATE
60/216,446	July 6, 2000

I hereby claim the benefit under Title 35, United States Code 120 of any United States application(s) or PCT international application(s) designating the United States of America that is/are listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in that/those prior application(s) in the manner provided by the first paragraph of Title 35, United States Code, 112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, 1.56 which occurred between the filing date of the prior application(s) and the national or PCT international filing date of this application:

**PRIOR U.S. APPLICATIONS OR PCT INTERNATIONAL APPLICATIONS DESIGNATING THE U.S. FOR BENEFIT**

U.S. APPLICATIONS		STATUS (check one)		
U.S. APPLICATION NUMBER	U.S. FILING DATE	Patented	Pending	Abandoned
<b>PCT APPLICATIONS DESIGNATING THE U.S.</b>				
APPLICATION	FILING DATE	U.S. SERIAL NUMBERS ASSIGNED (if any)		

**POWER OF ATTORNEY:** As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.

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	Post Office Address	Post Office Address	City	State & Zip Code/Country
4	Full Name	Family Name	First Given Name	Second Given Name
	Residence	City	State or Foreign Country	Country of Citizenship
	Post Office Address	Post Office Address	City	State & Zip Code/Country
5	Full Name	Family Name	First Given Name	Second Given Name
	Residence	City	State or Foreign Country	Country of Citizenship
	Post Office Address	Post Office Address	City	State & Zip Code/Country
6	Full Name	Family Name	First Given Name	Second Given Name
	Residence	City	State or Foreign Country	Country of Citizenship
	Post Office Address	Post Office Address	City	State & Zip Code/Country

I hereby declare that all statement made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application any patent issuing thereon.

Signature of Inventor 1 	Signature of Inventor 2	Signature of Inventor 3
Date 11-13-2001	Date	Date
Signature of Inventor 4	Signature of Inventor 5	Signature of Inventor 6
Date	Date	Date

EXPRESS MAIL NO. EV 331816004US

PATENT APPLICATION  
File No.: 00-46C1

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re Application of : Zeren Gao  
Serial No. :  
Group Art Unit :  
Examiner :  
Filed : November 21, 2003  
For : MURINE CYTOKINE RECEPTOR

ASSOCIATE POWER OF ATTORNEY

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

Please recognize Brian J. Walsh (Reg. No. 45,543), whose business address is:

ZymoGenetics, Inc.  
1201 Eastlake Avenue East  
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as my associate agent in connection with the above-identified application.

Date: November 21, 2003

By Deborah A. Sawislak  
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